

NOV 15 1937

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County BuchananRegistration District No. 85

Township

Primary Registration District No. 106City St. Joseph(No. State Hospital #2)File No. 37231Registered No. 1207

St.

Ward)

2. FULL NAME

Francis D. James

(a) Residence, No.

Buchanan County

St.

Ward.

DeKalb, Missouri

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs. 10 mos. 11 ds.

How long in U. S., if of foreign birth?

yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White5. SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)Married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(OR) WIFE OFNancy James

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

April 22, 1869

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, hrs.
or min.68688. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.Farmer9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.Farm10. Date deceased last worked at
this occupation (month and
year)December, 1936

11. Total time (years)

spent in this
occupation4612. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)DeKalb,
Missouri

13. NAME

Henry James14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Unknown
Tennessee

15. MAIDEN NAME

Rebecca Davis16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)DeKalb
Missouri17. INFORMANT
(ADDRESS)Mrs. F.D. James
DeKalb, Missouri

18. BURIAL, CREMATION, OR REMOVAL

PLACE

DeKalb, Mo.

DATE

Nov. 1, 193719. UNDERTAKER
(ADDRESS)Heaton-BeGole & Bowman F.
St. Joseph, Missouri

20. FILED

Oct. 30, 1937

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 30, 193722. I HEREBY CERTIFY, That I attended deceased from
Jan. 19 1937 to October 30, 1937I last saw him alive on October 29, 1937 Death is said
to have occurred on the date stated above, at 7:55 A.M.

The principal cause of death and related causes of importance were as follows:

General Arterio Sclerosis

Date of onset

Other contributory causes of importance:

Senility

Name of operation

Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

Home

(Signed)

E. E. DeLong

M. D.

(Address)

State Hosp #2, St. Joseph, Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

